

Date:	Last Name	First Name	AHCCCS ID#:	Age:
Primary Care Provider Name and Office Phone Number			Contractor:	DOB:
Accompanied by:			Allergies:	
Birth Wt:	Weight:	Percentile:	Length:	Percentile:
Head Circ:		Percentile		

**HISTORY:**

Temp:	_____
Pulse:	_____
Resp:	_____

**Parental Comments/Concerns:**
**Nutritional Screen:** Breast Feeding: \_\_\_\_\_ Formula (type): \_\_\_\_\_ Supplements: \_\_\_\_\_

**Developmental Screen:** Age Appropriate? (e.g., rooting reflex, startle, suck & swallow) Yes \_\_\_\_\_ No \_\_\_\_\_  
 If suspicious, specific objective testing performed \_\_\_\_\_

**Behavioral Screen:** Age appropriate? (parental interview) Yes \_\_\_\_\_ No \_\_\_\_\_
**PHYSICAL EXAM**

Are the following normal?	Yes	No	Describe abnormal findings:
1. Skin/Hair/Nails			
2. Ear/Hearing (Hospital screening done?)			
3. Eyes/Vision (red reflex)			
4. Mouth/Throat/Teeth			
5. Nose/Head/Neck			
6. Heart			
7. Lungs			
8. Abdomen			
9. Genitourinary			
10. Extremities			
11. Spine (scoliosis)			
12. Neurological			
13. 2 <sup>nd</sup> Newborn PKU (>72 hrs) prenatal labs/history			

**ASSESSMENT & PLAN:**

<b>IMMUNIZATIONS:</b>	Was Hepatitis B given at birth? Yes _____ No _____ Pt. needs immunizations? Yes _____ No _____ Shot Record initiated? Yes _____ No _____
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**ANTICIPATORY GUIDANCE**

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>▪ Supine sleep position</li> <li>▪ Signs of illness</li> <li>▪ Injury prevention</li> <li>▪ Emergency/911</li> </ul> | <ul style="list-style-type: none"> <li>▪ Drowning prevention</li> <li>▪ Passive smoke</li> <li>▪ Car seat</li> <li>▪ Parenting practices</li> </ul> | <ul style="list-style-type: none"> <li>▪ Postpartum adjustment</li> <li>▪ Family involvement</li> <li>▪ Infant bonding</li> <li>▪ Next appt./transportation needed?</li> </ul> |
|---|---|--|

**REFERRALS:** CRS \_\_\_\_\_ WIC \_\_\_\_\_ DDD \_\_\_\_\_ ALTCS \_\_\_\_\_ Specialty \_\_\_\_\_ Other \_\_\_\_\_

Clinician Name (print): _____	Clinician Signature: _____	Yes _____ No _____ See Additional/Supervisory Note: _____
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